

STATE ETHICS COMMISSION INSPECTION REQUEST

FOR OFFICIAL USE ONLY:

STATEMENT OF FINANCIAL INTERESTS (SFI) TO BE INSPECTED:

FILER'S NAME \_\_\_\_\_

YEAR(S) REQUESTED: \_\_\_\_\_

REQUESTER'S NAME: \_\_\_\_\_  
(PLEASE PRINT)

AFFILIATION (PERSONS OR ORGANIZATION ON WHOSE BEHALF YOU ARE OBTAINING THIS REPORT)  
IF ANY: \_\_\_\_\_

TYPE OF IDENTIFICATION: \_\_\_\_\_

ID EXPIRATION DATE: \_\_\_\_\_

DATE PROCESSED: \_\_\_\_\_

BY: \_\_\_\_\_  
(INITIALS)

ADDRESS COPY MAILED TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A COPY OF THIS WILL BE SENT TO THE PERSON WHOSE SFI HAS BEEN INSPECTED.